STATE OF CALIFORNIA

## CONTINUING EDUCATION EVALUATION AND SURVEY FORM

PR-PML-XXX (REV. 10/01)

DEPARTMENT OF PESTICIDE REGULATION PEST MANAGEMENT AND LICENSING BRANCH LICENSING AND CERTIFICATION PROGRAM 1001 I STREET

SACRAMENTO, CA 95814-2828 P.O. BOX 4015 SACRAMENTO, CA 95812-4015 (916) 445-4038 FAX (916) 445-4033

Web site: http://www.cdpr.ca.gov

Our goal is to assure that quality continuing education courses are being provided to you as a licensee or certificate holder. Your input is vital to the success of the continuing education program that provides you with updated information on pesticides, pest management, and laws and regulations concerning pesticides.

Please help us make this a better continuing education program by taking a few minutes to answer the questions below. This is your program.

Thank you for responding. Paul Helliker, Director				
Course Title:	Location:			
Provider's Name:	ID Code #:		Date:	
License/Certificate Possessed (please check one)				
☐ AA ☐ AP ☐ JP ☐ PCA ☐ QAL ☐ QAC	Private Appli	cator	Other:	
How many miles did you travel to attend this course?				
STATEMENTS (Check as appropriate)	Strongly	Agree	Disagree	Strongly Disagree
The information provided will help me in my job.	Agree			Disagree
Course content was pertinent to pesticides and/or pest manageme	nt.			
Course was relevant to the type of pest control I perform.				
Course provided new and updated information on pesticides and/o pest management.	r 🗌			
Laws and Regulations topics were helpful and informative.				
Instructor(s) was knowledgeable on the subject.				
Instructor(s) was prepared and presented the subject effectively.				
Course was conducted professionally.				
Facility was conducive to learning.				
Course description and content met my expectations.				
My overall experience with the course was positive.				
Comments:				